

# Request for Cash, Food Stamp, and Medical Assistance

Ohio Department of Job and Family Services

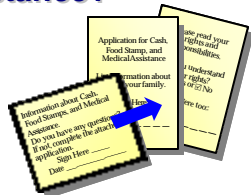


**Office Use Only** - You will be given an appointment date and time after you complete the following application.

**Appointment Date:** \_\_\_\_\_

**Appointment Time:** \_\_\_\_\_

## How do I apply for assistance?



### You will need to:

1. Complete this application.
2. Submit this application to your local County Department of Job and Family Services (CDJFS).
3. Complete a face-to-face interview, unless we tell you that you don't need to.
4. Provide verification for the programs for which you are applying. Verification is explained on the next page.

## Do you need help completing this application?



1. **If English is not your primary language:** The CDFJS will provide someone who can help you understand the questions on this application at the interview.
2. **If you have a disability, are hearing-impaired or visually-impaired:** We will help you complete this application and the interview
3. **We will also help you at other times, such as:** When you report changes, or when you have questions about your case.

## How do I complete this application?



1. **Fill out this application:** Answer as many questions as you can on the application. You have the right to apply for assistance the day you contact your local CDJFS.
2. **If you cannot fill out this application today:** Fill out page one of the application with your name, address, and signature and turn it in to your local CDJFS office so that we can provide assistance from today if you are eligible. You can fill out the rest of the application at home and return it to your CDJFS office.
3. **Applying for someone else:** You can choose someone to apply for assistance for you. This person is called an authorized representative. If you are applying for someone else, answer the questions as they relate to that person.

## Where do I turn in this application?



1. **Turn in the application to your local CDJFS office:** Our offices offer evening and/or weekend hours. This will start the application process for all assistance programs.

## How do I complete the face-to-face interview?



1. **Come in for your interview:** During this interview, we will complete the rest of the application process. We will also tell you what assistance you may get.
2. **If you cannot come in for your interview:** You must contact your local CDJFS and reschedule your interview. If you do not contact us within 30 days from the date you file this application, we may deny your assistance and you will have to reapply. You may not have to come in for an interview if we determine you meet a hardship condition such as illness or lack of transportation.

**-- Please keep this page for your records. --**

## What type of verification do I need?

The table below lists the items required for each program you are applying for. Contact your local CDJFS for examples of the documents you can use as proof. If you can't bring everything, come to the interview anyway and we will help you.

- If you are not a U.S. citizen and are only applying for alien emergency medical assistance, you do not have to verify your citizenship status or provide a social security number.
- Your food stamp amount may increase if you also bring proof of the following costs: child/dependent care, child support paid for children not living with you, housing, utilities, medical costs for people with disabilities or for people who are over age 60 (including prescriptions).

	Cash Assistance	Food Stamp Assistance	Medical Assistance Families and children	Medical Assistance Aged, blind or disabled
Proof you have applied for a Social Security Number (if you don't already have one)	✓	✓	✓	✓
Resident Alien Card or other INS documentation if not a U.S. citizen	✓	✓	✓	✓
Proof of any health insurance			✓	✓
Proof of income or any other money coming into your household (such as pay stubs, tax records, award letters, child support)	✓	✓	✓	✓
Most recent statements for any bank accounts (such as checking, credit union, savings)	✓			✓
Proof of ownership of vehicles (such as car, truck, motorcycles, boats, RVs)				✓
Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts	✓			✓
Proof of identity	✓	✓		
Proof of any child/dependent care costs	✓	✓	✓	
Proof of any child support paid for children not living with you	✓	✓	✓	
Proof of any housing and utility costs		✓		
Proof of any medical costs for people with disabilities or for people who are over age 60 (including prescriptions)		✓		✓

## When will I receive assistance?



**Cash and food stamp assistance:** We base eligibility for the cash and/or food stamp programs on the date we get your signed and dated application. Your eligibility for these programs is determined within 30 days from the date we receive your signed and dated application.

**Medical assistance:** We base eligibility for medical assistance on the date we get a signed and dated application. Your eligibility should be determined within 30 days unless you are claiming a disability. If you are claiming a disability, your eligibility should be determined within 90 days. We will also explore medical assistance for the 3 months before the month we get your application.

## What if I need food right away?



### If you need food stamp assistance right away, and are not currently receiving it:

Answer the questions on pages one and two of the application. You may qualify to get food stamp assistance as quickly as 24 hours to 7 days.

## Do I have to be a Citizen?



**No.** Please do not let fear of the U.S. Citizenship and Immigration Services (USCIS) keep you from seeking needed assistance for your family. Many immigrants can receive cash, food stamp, and medical assistance. Also, alien emergency medical assistance is available without regard to your immigration status.

## What other services are available?



**You may be eligible to receive other services such as:** Child care assistance, prenatal care, housing costs, work skills, and help getting a job. These services may require a separate application. Ask your caseworker about these services. If you need help with child care costs, contact your local CDJFS for a child care application.

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# Request for Cash, Food Stamp, and Medical Assistance



Ohio Department of Job and Family Services

## 1. Tell us about you (the applicant)

Complete this section for you or for the person for whom you are applying.

First Name, Middle Initial

Last Name

### Are you:

☐ Visually Impaired

☐ Hearing Impaired

### Do you need any of the following services?

☐ Interpreter

☐ Sign Language

☐ Other: \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_

Application Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

Expedited Food Stamps: ☐ Yes ☐ No

PRC Requested: ☐ Yes ☐ No

Child Care Requested ☐ Yes ☐ No

**Have you, or anyone living with you, ever received cash, food stamp, or medical assistance?** ☐ Yes ☐ No

If yes, who: \_\_\_\_\_ Where (City/County/State): \_\_\_\_\_

## 2. Tell us how to reach you

Complete this section for you or for the person for whom you are applying.

Street Address ☐ Check here if you are homeless

City

County

State

Zip Code

Phone Number

( )

Additional Phone Number

( )

E-mail Address

### Mailing Address (if different):

Street Address

City

County

State

Zip Code

## 3. Tell us if you are an authorized representative

An authorized representative is someone who assists the applicant by completing the application process. If you are filling out this form as an authorized representative, please fill out the following.

First Name, Middle Initial

Last Name

Street Address

City

County

State

Zip Code

Phone Number

( )

Additional Phone Number

( )

E-mail Address

## 4. Sign Here

Signature of Applicant or Authorized Representative

Print Name

Date

## 5. Tell us if you need food stamp assistance right away

**These questions will help us decide if you qualify to get food stamp assistance within 24 hours to 7 days.**

How many people live with you and buy, fix, and eat meals with you? \_\_\_\_\_

**Answer the following questions for only the people who buy, fix and eat meals with you.**

Is your total gross income before taxes for the current month less than \$150? ☐ Yes ☐ No

Is your total net income after taxes and paying for such things as housing costs, child/dependent care costs, or child support payments for the current month zero? ☐ Yes ☐ No

Are your total resources in cash, checking, and savings accounts less than \$100? ☐ Yes ☐ No

Are your monthly rent or mortgage and utilities (such as gas, electric, water, and phone) more than your total monthly gross income before taxes? ☐ Yes ☐ No

Are you a migrant or seasonal farm worker? ☐ Yes ☐ No

## 6. Tell us about the people in your home

**You must list everyone who lives with you even if they are not applying.** Please be sure to list your name first. If you need more space, attach a separate piece of paper.

- **Social Security Number:** You only have to list a social security number for someone who is applying for cash, food stamp, or medical assistance. You do not have to provide a social security number for someone applying for alien emergency medical assistance.
- **U.S. Citizen:** You only have to indicate if someone is a U.S. citizen if they are applying for cash, food stamp, or medical assistance.
- **Sex (gender):** If your household is only applying for food stamp assistance, you do not have to complete the sex (gender) question.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. If you do not want to give us this information, it will have no effect on your case. If you do not give us this information, the worker will enter an answer.

Name (First, Last)	Relationship to You (spouse, son, friend, etc.)	Social Security Number	Date of Birth	Sex Write M or F	U.S. Citizen Write Y or N	Race	Hispanic or Latino Write Y or N
	Self						

**Are you, or anyone you are applying for, pregnant?** Only answer if applying for cash or medical assistance.

☐ Yes ☐ No If yes, who? \_\_\_\_\_

**Do you, or anyone you are applying for, need nursing home / in-home care?**

☐ Yes ☐ No If yes, who? \_\_\_\_\_

**What is your preferred language?** Spoken \_\_\_\_\_ Written \_\_\_\_\_

## 6. Tell us about the people in your home (continued)

**Is anyone 60 years of age or older?** ☐ Yes ☐ No

If yes, answer the questions in this section. If no, please skip to question 7.

**Is this person(s) receiving disability benefits?** ☐ Yes ☐ No

If yes, from what source? \_\_\_\_\_

**Is this person(s) unable to prepare meals due to a disability?** ☐ Yes ☐ No

**If you answered "Yes" to the last three questions, does this person(s) wish to receive food stamp assistance separately from the other people you live with?** ☐ Yes ☐ No

## 7. Tell us about your finances

**Will you or the people in your home receive income this month?** ☐ Yes ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

**If yes, please complete the table below.**

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received

**How much do you and the people in your home have in cash, checking, or savings (such as bank accounts, stocks, or bonds)?**

Give your best estimate of the total: \$ \_\_\_\_\_

**Did anyone in your home leave a job or lose a job within the last 60 days?** ☐ Yes ☐ No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_ For what reason? \_\_\_\_\_

**Is anyone in your home on strike from a job?** ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

## 8. Tell us about your expenses

**Which expenses do you and the people in your home pay?** Check all that apply. List the amount for each expense.

☐ **Day care costs for a child or other dependent(s)**

Estimated amount paid per month: \$ \_\_\_\_\_

If you need help with child care costs, contact your local CDJFS for a child care application.

☐ **Child support payments**

Estimated amount paid per month: \$ \_\_\_\_\_

☐ **Medical expenses for anyone who is disabled or age 60 or older**

These include expenses such as medical bills, prescriptions, health insurance premiums, or other medical services.

Estimated amount paid per month: \$ \_\_\_\_\_

☐ **Rent / Mortgage payments**

Estimated amount paid per month: \$ \_\_\_\_\_

**Utilities** –Provide an estimated amount paid per month for each utility.

**Do you pay for heating and/or air conditioning?**

☐ Yes ☐ No

☐ Gas \$ \_\_\_\_\_

☐ Telephone \$ \_\_\_\_\_

☐ Garbage \$ \_\_\_\_\_

☐ Electricity \$ \_\_\_\_\_

☐ Water \$ \_\_\_\_\_

☐ Sewer \$ \_\_\_\_\_

☐ Other \$ \_\_\_\_\_

## 9. Signature of person who completed this application

### By signing this application:

- I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for assistance.
- I understand and agree to provide documents to prove what I have said.
- I understand and agree that the CDJFS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance.
- I understand that by signing this application and receiving OWF, I am assigning to the State of Ohio any rights to all support owed to me and the minor children in the assistance group.
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.

Signature of Applicant or Authorized Representative	If Authorized Representative, Relationship to Applicant	Date

## 10. What to do when you complete this application



**Return this application to your local County Department of Job and Family Services office.**

### Your civil rights

Federal law and the policies of the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a discrimination complaint, write or call USDA, HHS, or ODJFS.

#### Write or Call:

##### **USDA**

Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
(202) 720-5964 (voice and TDD)

#### Write or Call:

##### **HHS**

Director, Office of Civil Rights  
Room 506-F  
200 Independence Ave SW  
Washington, D.C. 20201  
(202) 619-0403 (voice)  
(202) 619-3257 (TDD)

#### Write or Call:

##### **ODJFS**

Bureau of Civil Rights  
30 E. Broad St., 37<sup>th</sup> Floor  
Columbus, OH 43215  
(614) 644-2703 (voice)  
1-866-227-6353 (toll free)  
(614) 752-6381 (fax)  
1-866-221-6700 (TTY)

USDA, HHS, and ODJFS are equal opportunity providers and employers.